

Handilift Paratransit Eligibility Certification

The information obtained in the certification process will only be used by JATRAN Handilift service for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

The following information will be used to ensure an appropriate vehicle is utilized to provide your transportation and that accurate analysis of your trip request can be made by JATRAN Handilift service.

Please Print or Type		Date:
1.	Name:	
2.	Address:	
3.	Phone #: Home:	Cell/Other:
	Work:	Email:
4.	Date of Birth//	
5.		prevents you from riding JATRAN's fixed route service
ls thi	is condition temporary? No YES	If YES , expected duration until//
6.	Please explain how this disability prev	rents you from using fixed route services?
7.	Are there any other issues related to y	our disability that JATRAN should be aware of?

8.	Do you require any of the following aids for mobility? (Check all that apply)		
	Cane Electric wheelchair Powered scooter		
	Crutches Personal care attendant Guide dog		
	Manual wheelchair		
9.	Do you require a "Personal Care Attendant when traveling using transit?		
	☐ Yes ☐ No		
10.	Please answer the following questions:		
Can you travel 200 feet without the assistance of another person?			
	☐ Yes ☐ No		
Can you travel ¼ mile without the assistance of another person?			
	☐ Yes ☐ No		
Can you climb three (3) 12-inch steps without assistance?			
	☐ Yes ☐ No		
Can you wait outside without support for ten minutes?			
	☐ Yes ☐ No		
11.	I herby certify that the information given above is correct.		
	Applicant Signature Date		

Mail Form To

JATRAN Handilift P.O. Box 2809, Jackson, MS 39207-2809

If you have any questions, please call 601-948-3840

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